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SECRETARY OF STATE AND ALL SSEEL FLORIDA

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COVER LETTER

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TO: Registration Section Division of Corporations	office of the second of the se	•	
SUBJECT: Patrice Duhaney LLC			
Name of Limite	ed Liability Company	· · · · · · · · · · · · · · · · · · ·	
The enclosed Articles of Amendment and fee(s) are subm	itted for filing.		, · · · · · · · · · · · · · · · · · · ·
Please return all correspondence concerning this matter to	the following:		· .
Patrice Duh	Name of Person		SEOT SECTION
PatriceDuhan	eyllC		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
1447 NW 10	Firm/Company		PA TOPE
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Miami, FLorid	City/State and Zip Code	the state of the s	
<u>tatriceduhaneyl</u> E-mail address: (16)	LC @ Mail · COM be used for future annual report not	ification)	
For further information concerning this matter, please call			n a chaire a gairte De Meire de Carlos Colos
Name of Person	Area Code Daytim	ne Telephone Number	e e
Enclosed is a check for the following amount:	••		
□ \$25.00 Filing Fee □ \$30.00 Filing Fee & Certificate of Status	□ \$55.00 Filing Fee & Certified Copy (additional copy is enclosed)	S60.00 Filing Certificate of Certified Co (additional cop	of Status &

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

STREET/COURIER ADDRESS:
Registration Section
Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF AMENDMENT

ARTICLES OF ORGANIZATION OF

* Yatrice Bennettll			
(Name of the Limited Liability C (A Florida Li	Company as it now apper mited Liability Company)	irs on our records.)	
The Articles of Organization for this Limited Liability Com- Florida document number <u>L 16 0000 68 12</u>	pany were filed on _	1/11/16	and assigned
	w.*		
This amendment is submitted to amend the following:		•	
A. If amending name, enter the new name of the limited	l liability company l	ere:	
Patrice Tuhaney U.C.	,		50
The new name must be distinguishable and contain the words "Limited	Liability Company," the	designation "LLC" or the abb	reviation **L.C.*********************************
Enter new principal offices address, if applicable:	out i <u>k</u> oro	3 - V. Mariana, 1997 - 1997	-
(Principal office address MUST BE A STREET ADDRES	<u> </u>		The state of the s
			- 3
Enter new mailing address, if applicable:			: 20
(Mailing address MAY BE A POST OFFICE BOX)	A Comment		
	The second second	4 3 3 4 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	
B. If amending the registered agent and/or register registered agent and/or the new registered office address		n onr: records, enter t	he name of the new
Name of New Registered Agent: Potri	ce Duhane	1	
New Registered Office Address:			
•	Enter Flo	orida street address	e jaloue e e e e
etal with the time	City	, Florida	Zip Code
	Сиу		гір соағ

New Registered Agent's Signature, if changing Registered Agent:

I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

If amendin	ng Authorized Person(s) authorized to man d from our records:	age, enter the title, name, and address of each	person being added
MGR = N AMBR = N	Manager Authorized Member		
<u>Title</u>	Name	Address	Type of Action
MGR	Patrice Bennett	1447 NW 10200 ST Miami, FL 33147	□ Add
			Remove
			□ Change
MGL	Patrice Duhaney	1447 NW 102ND ST Miami FL 3314	Refhove
	•		1 (27°)
			Change
	_		□ Remove
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